



CHAIN-OF-CUSTODY / Analytical Request Document
The Chain-of-Custody is a LEGAL

MO# 1269415

Section A

Required Client Information:

Company: USS Corporation
Address: P.O. Box 417
Mtl. Iron, MN 55768
Email:
Phone:
Fax:
Requested Due Date:

Section B

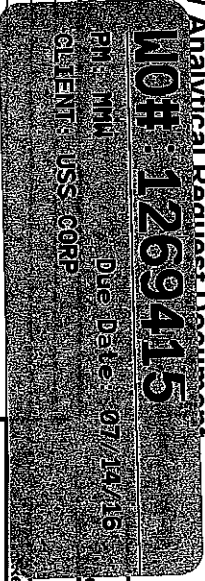
Required Project Information:

Report To: Tom Moe
Copy To:
Purchase Order #:
Project Name: NPDES-LINE 3 Wkly
Project #:

Section C

Invoice Information:


Attention:
Company Name:
Address:
Phone:
Fax:
Requested Analysis Filtered (Y/N)



Page: 1 Of 1

ITEM #	SAMPLE ID One Character per box. (A-Z, 0-9 / , -) Sample Ids must be unique	MATRIX CODE (see valid codes to left)	SAMPLE TYPE (G=GRAB C=COMP)	COLLECTED		SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Preservatives							Analyses Test	Y/N	Residual Chlorine (Y/N)	SAMPLE CONDITIONS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
				START	END			Unpreserved	H2SO4	HNO3	HCl	NaOH	Na2S2O3	Methanol	Other	LAB FILTERED: SO4			Lab FILTERED: Ca,Mg,Hard																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
1	WS-002 Scrubber Make-Up	WT	G	6/29/16 08:55	6/29/16 08:55											X	X																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												

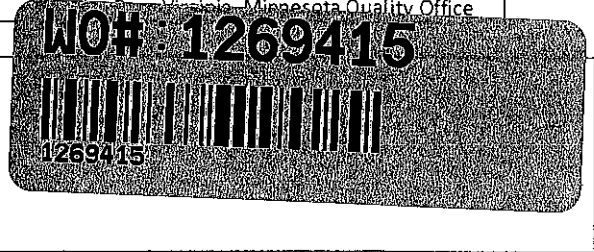
SAMPLER NAME AND SIGNATURE
PRINT Name of SAMPLER: Paul Moe
SIGNATURE of SAMPLER: Paul Moe
DATE Signed: 6-29-16

	Document Name:	Document Revised: 23Feb2015
	Sample Condition Upon Receipt Form	Page 1 of 1
	Document No.: F-VM-C-001-Rev.09	Issuing Authority: Minnesota Quality Office

Sample Condition Upon Receipt

Client Name:

Project #:



Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☒ Client
☐ Commercial ☐ Pace ☐ Other: _____

Tracking Number: _____

Custody Seal on Cooler/Box Present? ☐ Yes ☒ No Seals Intact? ☐ Yes ☒ No

Optional: Proj. Due Date: Proj. Name:

Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☒ None ☐ Other: _____ Temp Blank? ☒ Yes ☐ No

Thermometer Used: ☒ 140792808 Type of Ice: ☒ Wet ☐ Blue ☐ None ☐ Samples on ice, cooling process has begun

Cooler Temp Read °C: 5.6 Cooler Temp Corrected °C: 5.9 Biological Tissue Frozen? ☐ Yes ☐ No ☒ NA
Temp should be above freezing to 6°C Correction Factor: 0.3 Date and Initials of Person Examining Contents: 6-29-16 cl

Comments:

Chain of Custody Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.
Chain of Custody Filled Out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.
Chain of Custody Relinquished?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.
Sampler Name and Signature on COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5.
Short Hold Time Analysis (<72 hr)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	6.
Rush Turn Around Time Requested?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	7.
Sufficient Volume?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.
Correct Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	9.
-Pace Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10.
Filtered Volume Received for Dissolved Tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved containers.
Sample Labels Match COC?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	12.
-Includes Date/Time/ID/Analysis Matrix: <u>WT</u>		
All containers needing acid/base preservation will be checked and documented in the pH logbook.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	See pH log for results and additional preservation documentation
Headspace in Methyl Mercury Container	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13.
Headspace in VOA Vials (>6mm)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
Trip Blank Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Trip Blank Custody Seals Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if purchased):		

CLIENT NOTIFICATION/RESOLUTION

Field Data Required? ☐ Yes ☐ No

Person Contacted: _____ Date/Time: _____

Comments/Resolution: _____

FECAL WAIVER ON FILE Y N

TEMPERATURE WAIVER ON FILE Y N

Project Manager Review:

Date:

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)